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4	3	mation should be affefully supplied. AGE should be stated EXACTLY. PHYSICIANS should	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	TION is very important. See instructions on back of certificate.
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mation should N. B.-WRITE PL

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH		07563
County Co assoll		Registration Dist. No. 76
Village or City Peer Para		No. M. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death		
2. FULL NAME Joseph	Eugene	albert
(a) Residence: No.	0	St., Ward.
PERSONAL AND STATISTICAL	(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SI	R DIVORCED (write the word)	21. DATE OF DEATH July 25 (Year)
(or) WIFE of	0	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months 9 3	Days If LESS than 1 day,	trast saw alive on alive on the date stated above, at a m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	ml	Chronic majorcarditises Carton
work was done, as SILK MILL, SAW MILL, BANK, etc	•• •• ••	Duration: two years not preceded by
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (gity or town) (State dr.couldby) (State dr.couldby)	o. Ind.	Other Contributory Causes of Importance:
13. NAME Walter Cas	Coert	
13. NAME Watter 14. BIRTHPLACE (city or town) (State or country)	Go. Ind.	Name of operation Date of Was there an autopsy?
I 15. MAIDEN NAME Bernie	Collins	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Bernie 16. BIRTHPLACE (city or town) Ball	7	Accident, suicide, or homicide? Date of injury, 19
2 (State or country) me 17. INFORMANT MA E Cor obe (Address) Deer Paule Roa	th albert	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Plan Francis Com. Weeling	ister md.	Manner of injury
19. UNDERTAKEN H Sankard & (Address) W falming to see	mala	24. Was disease or Injury In any way related to occupation of deceased?
20. FILED 7/2V, 19 34 V	llovode	med to free Stormal M.D.
If more blanks	Registrar. are needed, address State Registrar,	Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	t t	Example II	
The principal cause of death and related causes of importance were as fillows: E IVED	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial rephritis NUC 6 193	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PUATET, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYL	_AND—	CERTIFICATE OF DEATH	1001
County Carroll	1	Registration Dist. No. 8/	
Village or City Juston Dru	Ifl (If)	NoSt.,seath occurred in a horpital or institution, give its NAME instead of street and s	Ward
Langth of rasidanca in city or town whyra death occurred	yrsmos	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME Joseph Amala	Bak	If U.S. Veteran specify WAR.	
(a) Residence: No. Out (Usual place of ab	lam bode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICU		MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR ON RACE 5. SINGLE, MARRIED OR DIVORCED (12	vrite the word)	21. DATE OF DEATH July 12	, 193 5 ~
5a. If married, widowed, or divorced HUSBAND of (er) WIFE-65 A G A V B A R O	~	22. I HEREBY CERTIFY. Thet I attended	deceased from
Salt 2h	-1869	March 1930 to July 12	
6. DATE OF BIRTH (month, day, and year) 7. AGE Yaars Months Days	If LESS than	to have occurred on the date states above, at 3 45 P. m.	; death is said
	day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8 rade, profassion, or particular	120	1010 00 10101010	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	ice	arterio-Selesones.	1430
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.		apoplepy	7-12-38
11. Total time (this / cha -		
year) occupation occupation	011	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)			
13. NAME Shu Rake	70		
14. BIRTHPLACE (dry or town) 4 rearries	20	Neme of operation	
(Stata or country)	-1	What test confirmed dlegnosis? Was there an a	utopsy?
15. MAIDEN NAME May Cornelia H	iles	23. If death was due to external causes (VIOLENCE) fill In also the following Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town) - AND ARMY (Stete on country)	1	Where did Injury occur?	, 19
17. INFORMANT MANY Bat (Address) Many Bri	ky on	(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL/	e) NCE,
18. BURIAL, CREMATION, OR REMOVAL	Marie Comment	Menner of injury	
Place Dige Creek Coar Date Lange	15,1935	Neture of injury	
19. UNDERTAKER A 1 La Langue de San (Addrass)	is one	24. Was disaase or injury in eny way ralated to occupation of dacaased?	210
20. FILED July (V, 1935 / Eicher	uan	(Signad) Was . J. Manual	M. D.
If more blanks are bended aither	Registrar.	(Address) Mela West of Religious Properties 7) S. No.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example 1	711	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 3 1000	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.—WRITE PLANTY, WITH UNFADING INK—7 mation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it ma	11 11 11 11 11 11 11 11 11 11 11 11 11
N. B.—WR matic	

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	93-0
County Caroll TITRIN CORPORATS	Registration Dist. No.
Michtan sta	NoSt.,Ward
10	death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number) death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	ds. How long in U.S. If of foreign until
2. FULL NAME Office Chisabeth	Gallophman
(a) Residence: No. 17 Ridge Ro	ward.
(Usual place of abotte)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Temple The Color of RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Soughman	alux as, 1 , 1935, 10 July 18", 1938.
Jan. 15 1887	1 last saw her alive on July 18th J., 1933; death is said
6. DATE OF BIRTH (month, day, and year) 7. ACF Years Months Days If LESS than	to have occurred on the date stated above, at
1. AGE 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	were as follows: Out of onset
8. Trade, profession, or particular kind of work dona, as SPINNER, House - Juank SAWYER, BOOKKEEPER, etc	4 years
9 Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. late deceased last worked at spant in this occupation (month and spant in this	5 La disconnection and the contract of the con
year) occupation	Other Contributory Canses of importance:
12. BIRTHPLACE (city or town)	Cento Bronisitio Imo.
(State or country)	ago
13. NAME James C. Trylers	
13. NAME Innes C. Ingles 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation. Data of
(State or country)	What test confirmed diagnosis? Climical Was there an au'opsy? Lia
15. MAIDEN NAME Larah Buch	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Land Such	Accident, suicide, or homicide? Date of Injury, 19
State or country)	Whera did injury occur? (Specify city or town, county and State)
Enera Baughman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17, INFORMANT (Address) Proge Road Muletminste	1 mg ,
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Date Date 20,19-X	Nature of injury
19. UNDERTAKER Sittle & Son (Addiess) Ph Jillesoum St.	24. Was disease or injury In any way related to occupation of deceased?
The state of the s	(Signed) et Listlingslia M. D
20. FILED	(Address) Westerminitely Ind.
	r, 2411 N. Charles Street, Balsimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: CEIVED Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis ALC & TOO	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

S. No. 1

TION

(Address)

20, FILED_

Beacham (Address) Westminster. 18. BURIAL, CREMATION, OR REMOVAL Mannar of Injury Place Westminster, MdDete July 18,1935 Nature of injury. 19. UNDERTAKER J. Francis Reese

Westminster.

(Specify city or town, county and State) Specify whather injury occurred In INDUSTRY, in HOME, or In PUBLIC PLACE.

llo 24. Was disease or injury In any way related to occupation of deceased?

Registrar.

(Signed)

(Address) _

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 8 1507	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			110 -
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

		S	TATE O	F MA	RYL	AND-	CERTIFIC	CATE	OF DI	EATH	0.	7567
1	L PLACE OF							(83)				11.
	County_C	arro	11						Registral	ion Dist. N	0	14
	Village or Ci	ty Sy	kesvill	Le, Md	•		No. Spri	ngfiel	d Sta	te Ho	spita	1 Ward
						G (If	death occurred in a ho	epital or instituti	on, give its N	AME instead	of street and	number)
					yı	sQmos	.28_ds. How lo	ong in U.S. If of	foreign birth	?у	rs	nosds.
2	2. FULL NAM									20.3		
	(a) Residence	e: No	2002 Roc	krose	Ave	nue, W	oodberry	Var palti	more,	Md.		1.0
	PERSON	AL AN	D STATISTI		iace of abo		ME	DICAL CE	-	dent give city		d State
3	SEX		R OR RACE	5. SINGLE, I			21. DATE OF		RIFICA	TE OF	DEATH	
-	Vale		nite	OR DIVO	RCED (wri	te the word)		uly		17t	h	. 193 5
-	If married, widowe			Marri	eu				(Month)	(D	lay)	(Year)
oa.	HUSBAND of (or) WIFE of		ncea nown				22. 1 H	EREBY	CERT	IFY, Tha	t 1 attended	deceased from
_								er 19,			17th	1935
6.	DATE OF BIRTH (month, day	y, and year) Mai	rch 3,	189	6	I last saw h im	alive on Ju	ily 17	th		; deeth is said
7.	AGE Year	rs	Months	Days		f LESS than	to heve occurred on	the date stated	i above, et. 1	:05 p	·m.	
	3	59	3	16		ay,hrs.	The PRINCIPAL CA	AUSE OF DEAT	H and related	causes of im	portance	10.1.1
1	Trade, profes	sion, or pa	articular				Chronie 1	ulceratu	ve tu	leerent	Poris	Date of onset
2			as SPINNER, La PER, etc.	aborer				-	-d-=d74	-0	·	
PA	9. Industry or b	done, as S	which SILK MILL, Le etc	honon			acute de	uomma	ted be		0	
3	SAW MILI								4.6	tules	ulor	37/14/35
ö	this occupyear)	ation (mo	ath and	11.10	spent in t	ears) his <mark>Unkno</mark>	/n					
	g 9001/225		Unknown		oc.apation		Other Contributory	Causes of impor	rtance:	1 40		+
12.	. BIRTHPLACE (city		Marylar				general	paraly	us o	f the -	man	- pros to
œ	13. NAME JOE											Jon. 29.
HE	13. NAMEO OL	111 1 (C	A		71				
FATHER	14. BIRTHPLACE (State or		wn) Dalti Mary	more	Coun	СУ	Name of operation_	Mone			Date of_	4.
			ura V. E		ns		What test confirmed	d diagnosis?			Was there an	autopsy?
OTHER							23. If death was due	to external caus	ses (VIOLEN	CE) fili in also	the following	ng:
AOT	16. BIRTHPLACE	(city or to	Carrol	TT CON	nty		Accident, suicide, o	r homicide?		Date of	injury	, 19
			Marylan				Where did injury o			ity or town, c		
17	INFORMANT SI	ring	gfield.	tate	Hosp	cords)	Specify whether inj	ury occurred in	INDUSTRY,	in HOME, or	in PUBLIC P	LACE.
	. BURIAL EREMAT	oyke:	SATTLE.	MO	(
10	Porto 10	Be	Atu for	Date	ely.	20.19.35	Manner of injury					
16	Jacobs	Total Control	200 190	SIL	1		Nature of injury					N-
19	. UNDERTAKER \$	Un	mow	CARC	ny.		24. Was disease or i	injury in any wa	ay related to	occupation of	deceased?	TAO
-	(Address)	361	01	lean	W CK	or	If so, specify	Dalo	AX P	7/1	411	2000
20	FILED FILLY	13	1935	any	111	Paris	(Signed)/	ss) Sa	JKON.	11/0	w	A. W. D.
						Registrar.	" (Modife:	33/	71-4	voca		×->1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis A 1500	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis ·	3 days ago
	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	1		1

STATE OF MARYLAND— 1. PLACE OF DEATH County Carroll	CERTIFICATE OF DEATH 07568
Village or City Westminster	negistration bist. No
60 (1	If death occurred in a horpital or institution, give its NAME instead of street and number)
Langth of residence In city or town where daath occurradyrsmo	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Emma E. Benson	If U.S. Veteran specify WAR.
(Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Married	21. DATE OF DEATH July (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Charles W. Benson	22. I HEREBY CERTIFY, That I attended daceasad from
6. DATE OF BIRTH (month, day, and year) April 23, 1875 7. AGE Yaers Months Deys If LESS than 1 dey,hrs. ormin.	I last saw h ; to ; death is said to have occurrad on the dete steted above, at m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
8. Trada, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or businass In which work wes done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked at this occupation (month and yeer)	Othar Contributary Causes of Importance:
12. BIRTHPLACE (city or town) Mary Land (State or country) Mary Land	
13. NAME Henry A. Case	
13. NAME Henry A. Case 14. BIRTHPLACE (city or town) (Stata or country) Maryland	Name of operation Date of What test confirmed diagnosis? Was there an autopsy? 272
15. MAIDEN NAME Mary M. Beaver 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide? Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Westminster Oata July 3, 19 35	Mannar of Injury
19. UNDERTAKER J. Francis Reese (Address) Westminster, Md. 20. FILED 7/2 1971 Palwoodword	24. Was disease or injury In any way related to occupetion of daceased?
Registral. If more blanks are needed, address State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I		Example II	TI THE
The principal cause of deat of importance were as follo	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	Value B 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5, 1927	Peritonitis	3 days ago
1				
Other contributory causes of	of importance:		Other contributory causes of importance:	
Gallstones	•	May 1,1923	Gastroenteritis	1 year
			Market Land Committee Comm	

1	PLACE OF DEATH				446)	
	county Carry	Me			Registration Dist. No. 26	
	Village or City Plear Length of residence in city or to			d (1	No. St., St., of death occurred in a hospital or institution, give its NAME instead of street and numb	Wai
2	FULL NAME The		- 0	ower	3100	
	(a) Residence: No.	D	, h 0		St. Ward.	
	(a) Residence. No		(Usual place	of abode)	If nonresident give city or town and State	
	PERSONAL AND ST		AL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3.5	sex 4. color or	race !	S. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH (Month) (Day)	(Year)
5a.	If married, widowed, or divorced HUSBAND of		1	Trial State of		
	(or) WIFE of Will	lam	Ka	we	22. I HEREBY CERT FY, that I attended dece	ased fr
6 n	DATE OF BIRTH (month, day, and y	ar h	erch 2	1-1860	I last saw hC alive on Assignment 19 3 de	ath is s
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at / 0 / m,	u(11 13 3
	75	4	22	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
NO	8. Trade, profession, or particula	NNED			Da Da	te of ons
임	kind of work done, as SPI SAWYER, BOOKKEEPER, et	c	rone	***********	Durangryae of	
3	9 Industry or business in which work was done, as SILK M SAW MILL, BANK, etc	ILL,			Nomuch	
ਹੁ	10. Date deceased last worked at		11. Total t	ime (yaars)		
	this occupation (month and year)			ntin this upation		
12.	BIRTHPLACE (city or town)	restr	mule	~	Other Contributory Causes of importance:	
- 1	(State or country) 2	aryl	and		- Carbofia	
HER	13, NAME Tran	k a	vapel	v.		
FAT	14, BIRTHPLACE (city or town)	West	minte	r	Name of operation Date of	
- 1	(State or country)	nary	land	,	What test confirmed diagnosis? Was there an autop	sy?
HER	15. MAIDEN NAME Gar	olike	By	er	23. If death was due to external causes (VIOLENCE) fill in also the following:	
MOT	16. BIRTHPLACE (city or town)		y toler	3	Accident, suicide, or homicide? Date of injury	19
	(State or country) 2	ary	lund		Where did injury occur? (Specify city or town, county and State)	
17.	(Address) 7 7 100	1 1	urrian	~~	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVA	Lachen	ry n	30	Manner of Injury	
	Place Finkshu	9	Date Just	18 , 1935	Nature of injury	
19.	UNDERTAKER ALBON (Address) ON each	ake	al t	Sen.	24. Was disease or injury in any way related to occupation of deceased?	
20.	FILED 7/19/20	12	lur	Registrar.	(Signed) Associated Andrews (Address) Surakes of the my	M.
	-	If more ble	ambe and monded		2477 N. Charles Street Baltimore Requestion 71 S. No	

CEDTICIOATE OF DEATH

CTATE OF MADVI AND

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial mephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 6 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage REALLY	July 5,1927	Peritonitis	3 days ago
	11		
Other contributory causes of importance:		Other contributory causes of importance:	~
Gallstones	May 1,1923	Gastroenteritis	1 year
			3

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 5 1935	July 5,1927	Peritonitis	3 days ago
Other contribute BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

BINDING FOR RESERVED MARGIN

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
17. 20	33		
Other contributory causes of importance:	6	Other contributory causes of importance:	
Gaustones	MAP 1 3 23	Gastroenteritis	1 year
	111		
	6 1		

or- or- A-	STATE OF MARYLAND—	CERTIFICATE OF DEATH
state UPA	1. PLACE OF DEATH	GRO.
. 77	County Correll	Registration Dist. No.
item of should of OCC	Village or Cityur Janey Lown	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
. 70		ds. How long in U.S. If of foreign bfrth?yrsmosds.
Every CIANS ement	2. FULL NAME Levege Barban	egles
KD. YSI stat	(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PH to	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
VT RECC L Y. PH . Exact	3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) (Year)
MANEN A C T I assified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CEPTIFY. That pattended deceased from
EXA EXA clas	9.1.6.106	June 19 ,1935 00 July 61035
PE Iy Iy ate.	6. DATE OF BIRTH (month, day, and year) 1857	Clast saw allve on 1935; death is sald
IS A PE stated E properly certificate	7. AGE Years Month's Days If LESS than Idayhrs.	to have occurred on the date stated bove, at 9
Sta sta pro cert	1 0111111.	were as follows:
HIS pe pe of	Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Menne Ma
P	Industry or business in which	
	work was done, as SILK MILL, SAW MILL, BANK, etc	
H H T O	11. Total time (years) this occupation (month end year)	
AGE That that	O (. O	Other Contributory Causes of importance
NFADING oplied. AG1 erms, so tha instructions	12. BIRTHPLACE (eity or town) (State or county)	Commune Mostar 17
FA ied ns, stru		Hygelling secola
UNF. supplie n terms ee instr	13. NAME CONSTRUCTION DANGED AND AND AND AND AND AND AND AND AND AN	Dayman Mull distant 10 f
PR 270	14. BIRTHPLACE (city or town) (State or country)	Name of operation. Date of Date of
TI bla		What test confirmed diagnosis? Was there an autopsy?
. a a	± 0	23. If death was due to external causes (VIDL ENCE) fill in also the following:
Cal Cal	(State or country)	Accident, suicide, or homicide?
PLA MLY, hould be can OF DEATH very import	May Or Banbanch	Where did Injury occur? (Specify city or town, county and State)
hound OF D	17. INFORMANT / (Address)	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
Shou OF S ver	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
ITE on si SE	Plece Jaust Date July 1 , 1935	Nature of injury
WRITE mation s CAUSE TION is	60844	24. Was disease or injury in any way related to occupation of deceased?
TCH	19. UNDERTAKER COMMENTAL COMPANY COMPA	If so, specify
8	1. P. 25- 20 18 11/:/4	(Signed) MSM26 A Harlind M.D.
z (1)	20, FILED JULY Ty, 1900 March 10 March 18 egistrar.	(Address) Janyton und
		2411 N. Charles Street, Baltimore, Requesting OS. No. 1.

MARGIN RESERVED FOR BINDING

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Other contributory causes of importance:	2	Other contributory causes of importance:	
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA. 1. PLACE OF PEATH should County Registration Dist. No. Village or City jo (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth?_____yrs.____mos. Length of residence in city or town where death occurrad. statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) (Month) 5a. If married, widowed, or divorced HUSBAND of HEREBY CERTI FY. That I attended deceased from (or) WIFE ot 6. DATE OF BIRTH (month, day, and year) 7. AGE Months to have occurred on the date stated above, at I day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance or____min. Trade, profession, or particular NO kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. may Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.... 1D. Date deceased last worked at 11. Total time (years)
spent in this this occupation (month and spent in this 555 that Other Coutributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?_ MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIDLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of Injury______ 19. 16. BIRTHPLACE (city or town) OF DEATH (State or country) Whera did injury occur? ___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. plnods 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMDVAL Manner of Injury AUSE LION Nature of injury ... 24. Was disease or injury In any way related to occupation of deceased? of so, specify (Signed) Registrar. (Address)

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RESERVED

MARGIN

Date of onset

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance;	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OCCUPA 1. PLACE OF DEATH plnods Registration Dist No. Village or City (If death occurred in a harpital or institution, give its NAME, instead of street and number) vrs / mos. & ds. How long In U.S. If of foreign birth? ______ yrs. _____ mos.____ Length of residence in city or town where death occurred. (a) Residence: No.b If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 21. DATE OF DEATH 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month 5a. If married, widowed, or divorced HUSBANO of I HEREBY CERTIFY. That I attended deceased from (or) WIFE of 1903 6. DATE OF BIRTH (month, day, and year) 7. AGE Months Oavs If LESS that to have occurred on the date stated above at 1 day.____hrs The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. back Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... Date deceased last worked at 11. Total time (years) this occupation (month and Turne occupation instructions Other Cautributery Causes of importance: 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME Name of operation 14. BIRTHPLACE (city or town) (State or country) MOTHER important. 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?_____ Date of Injury _____ 19 DEATH 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?... be (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE, 17. INFORMANT should OF URIAL, CREMATION, OR REMOVAL Manner of Injury CAUSE Nature of injury 19. UNDERTAKER (Address) Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltinfore, Requesting U. S. No. 1.

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II	
The principal cause of death and color importance were as follows:	ated causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis AUG	31 1500	1921	Run over by street car	1 week ago
Cerebral hemorrhage	AU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importa	ance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				To Help

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	True (10:0)
County Carroll	Registration Dist. No. 77
Village or City Near Greenmount	NoSt.,Ward
(If Length of residence in city or town where death occurred 30 yrs	death occurred in a horpital or institution, give its NAME instead of street and number)
0. 4 1:	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mandelia Frace	2
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Temale White OR DIVORCED (rurite the word)	7 23 193 85
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of George Face (deceased)	22. HEREBY CERTIFY, That I attended deceased from
2 / 1500	hulb to 1935 to July 23 1 1933
6. DATE OF BIRTH (month, day, and year) March 6, 1857	I last saw h. alive on July 1933; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm, The PRINCIPAL CAUSE OF DEATH and related causes of importance
0 7 ormin.	were as follows:
8. Frade, profession, or particular kind of work done, as SPINNER, House Wife SAWYER, BODKKEEPER, etc.	Fracture Week of frum hall
SAWYER, BODKKEEPER, etc.	she was walking across floor of house,
kind of work done, as SPINNER, Jourse Wife SAWYER, BODKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	tripped it fell, on the floor, fracturing the
10. Date deceased last worked at 1932 11. Total time (years)	neck of her ferrers Cools
10. Date deceased last worked at 1932 this occupation (month and 1932 spent in this occupation corupation corupation	
millen	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Infuntes of age
	1707-20-000
13. NAME Fleury Food	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy? LY O
15. MAIDEN NAME WENDEN 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Asserbent Date of injury 19, 19
(State or country)	Where did injury occur? restaumount, Carroll County, md. (Specify city or town, county and State)
17. INFORMANT AND. William Brown	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Greenmount mo	in her home.
18. BURIAL, CREMATION, OR REMOVAL Place Greenmanut Melate 7-26 1935	Manner of injury accedental fall.
Place Steemsman Mubate / 1950	Nature of injury - Fracture, nack of femure
19. UNDERTAKER Jacob Winks Sous	24. Was disease or injury in any way related to occupation of deceased?
(Address Manchester ma	If so, specify
20 FILED July 25 1935 Mildred S. Hughe	(Signed) & M. Pall M. D.
deputy Regisfer.	(Address) Hampslead hd
If more blanks are needed paddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUREAN V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Mary Service Company of the Company	1-71

V. S. No. 1

County Constroll County Constroll No. Personal Strice How what death occurred No. Personal Strice How what death occurred have been deaded by the country occurred to the death elected Above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and related above at 10-50-67 m. The PRINCIPAL College of DEATH and		STATE	r MAK	TLAND-	CERTIFICATE OF DEATH	111
Village or City Surfaminate. Mangland (I death occurred a hospidital infinition, pre in NAME inhead of street and number) Length of residence in vity or town whare death occurred 3. yrs. 9. mes. 26. ds. How long in U.S. If of foreign birth? yes. mes. ds. 2. FULL NAME. Length of residence in vity or town whare death occurred 3. yrs. 9. mes. 26. ds. How long in U.S. If of foreign birth? yes. mes. ds. PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR, BACE (S. S. HINCLE, MARKED, WIDOWED) If married, widowed, or divorced HUBARD OR DIVORCED (write the word) Color of HUBARD or (or) Wife of 19.3. 1993. 6. DATE OF BIRTH (month, day, and yeer) 1. HER EBY CERTIFY. Thet I sitended deceased from (or) Wife of 19.3. 1993. 2. HER EBY CERTIFY. Thet I sitended deceased from (or) Wife of 19.3. 1993. 3. Treete, profession, or particular hind of the work of the						. 4
Length of residence invity or town whars death occurred. 3. yrs. 9. mos. 3d. 4s. How long in U. S. if of foraign bithAME inhebad of irrect and number) 2. FULL NAME (a) Residence: No. Methodist Contact of Con	County_Ca	woll-			Registration Dist. No.	7
2. FULL NAME (a) Residence: No. Methodist Products abods) PERSONAL AND STATISTICAL PARTICULARS J. SEX 1. COLOR OR RACE OR BIVORED Coverite word) S. SIX 1. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR BIVORED Coverite the word) S. Harried, widowed, or diverced (19) will covered (19) will co		0	1	L (If	2/	iber)
(a) Residence: No. Mythorist Trucketand Church Stories Ward. PERSONAL AND STATISTICAL PARTICULARS 1. SEX 1. COLOR OR, RACE OR DIVOKTOG Convirte Ward) 5. H. married, widowed, or divorced (or) Wife of (or) Wife		11	C			
Cluse place of abode Financial que city or town and State		.00 10 011	007	0.00	011 12 15 4 2001	0
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR: OR, RACE 5. SINCLE, MARKED, WIDOWED, OR DIVOKED (which the word) 5. Ill married, widowed, or divorced (with the word) 5. Ill married, widowed, or divorced (with the word) 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Year: Months 1. Say: 1. Gay: 1. HER EBY CERT IFY, Thet I stended deceased from the detailed above, at. JO; Outletter 19.32. Ideath is said to have occurred on the detailed above, at. JO; Outletter 20.15. It is not occupation of work done, as SPINNER, SAWYER, BOOKKEFER, etc. 10. Pote deceased last worked of more than the work was cone, as SINNER, SAWYER, BOOKKEFER, etc. 10. Pote deceased last worked of more than the deceased last worked of more than the deceased last worked of more than the work was cone, as SINNER, SAWYER, BOOKKEFER, etc. 10. Pote deceased last worked of more than the deceased last worked of more than the work was cone, as SINNER, SAWYER, BOOKKEFER, etc. 10. Pote deceased last worked of more than the deceased last worked of more dece	(a) Residence:	No. 11 policolis	(Usual place			ale
The state of the state of the word of the	PERSONAL	AND STATISTIC	CAL PARTI	CULARS		
56. JATE OF BIRTH (month, day, and yeer) 57. AGE 58. Trede, profession, or particular wind of or wind of work done, as SPINNER, SAVER, BOCKEEFR, etc. 59. Industry or Dusiness in which was done as SIK MILL, SAV MILL, BARK, etc. 10. Obete decessed last worked et as SIK MILL, SAV MILL, BARK, etc. 10. Obete decessed last worked et as SIK MILL, SAV MILL, BARK, etc. 11. Total time (years) specialism occupation. 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT 18. DECEMBER ARE 19. DECEMB	J. SEX Female 4	COLOR OR RACE			0 0	
5. DATE OF BIRTH (month, day, end yeer) December 4-1847 7. AGE Years Months Days If LESS than to heve occurred on the date stated above, at 10:000 m. 1932. death is seld to heve occurred on the date stated above, at 10:000 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 8. Trede, profession, or particular Rind of work done, as SPINNER, or min. 9. Industry or business in which SAW MILL BANK, etc. 10. Sele deceased last worked of this occupation (month and year) 11. Institute on the date stated above, at 10:000 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: 12. BIRTHPLACE (city or town) Sometim this occupation. 13. NAME OF SAW MILL BANK, etc. 14. BIRTHPLACE (city or town) Sometim this occupation. 15. MAIDEN NAME OF SAW MILL BANK, etc. 16. BURNANT OF SAW MILL SAW MILL SAW MILL BANK, etc. 17. INFORMANT OF SAW MILL SAW MILL SAW MILL BANK, etc. 18. BURNAL CREMATION DE REMOVAL SAW MILL SAW MILL SAW MILL SAW MILL SAW MILL PLACE (city or town) Saw Mill BANK, etc. 19. Under Saw MILL SAW	Se. If married, widowed,	or divorced		,	(110411)	
5. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS than 1 day, hrs or min. 8. Trede, profession, or particular Kind of work dome, as SPINNER, SANVER, BOUNKEPIER, etc. SANVER, BANK, etc. 10. Sete deceased last worked etc. filis occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) Management of the country of the cou	(or) WIFE of					-
7. AGE Vears Months Days If LESS than I day		Do.	0.0-	4-1847	- 0 9 9	,
8. Trede, profession, or particular kind of work done, as SPINNER, SAWER, BONKEPER, etc. 9. Industry or business in which was done as SINNER, SAWER, BONKEPER, etc. 10. Dete deceased last workad et this occupation which was done as SILK MILL, SAW MILL, BARK, etc. 10. Dete deceased last workad et this occupation of the Contributory Causes of importance: 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (Stela or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (Stata or country) 17. INFORMANT 18. BURIAL, CREMATION DR REMOVAL Plece Killer and Cause Company of the Contributory Causes of importance: 18. BURIAL, CREMATION DR REMOVAL Plece Killer and Cause Country 19. UNDERTAKEN 19. UNDERTAKEN 19. Who be seed to provide the company of the country		intin, day, end yeery			0 0	eath is seid
8. Trede, profession, or particular Rind of work dome, as SPINNER, SAWER, BOOKERPER, etc 9. Industry or business in which work dome, as SPINNER, SAWER, BOOKERPER, etc 10. Dete decessed last worked et this occupation (month end year) 11. Total time (years) spent in this occupation (month end year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT 18. BURIAL, CREMATION UP REMOVAL Plece Wildows A Caubble 18. BURIAL, CREMATION UP REMOVAL Plece Wildows A Caubble 19. UNDERTAKER 20. FILEFREE 21. STATUS OF COUNTY IN INFORMANT 22. UNDERTAKER 24. Was disease or injury in eny way related to occupation of daceased? 19. UNDERTAKER 20. FILEFREE 21. UNDERTAKER 22. UNDERTAKER 23. UNDERTAKER 24. Was disease or injury in eny way related to occupation of daceased? 24. Was disease or injury in eny way related to occupation of daceased? 25. UNDERTAKER 26. UNDERTAKER 27. UNDERTAKER 28. UNDERTAKER 29. UNDERTAKER 20. Signed) 20. UNDERTAKER 20. Signed 20.		7		1 day, hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance	
Sind of work done, as SPINNER, SAWYER, BOOKKEPER, etc. Sawyer, Bookeper, etc. Sawyer, Cases of importance: Other Costributory Cases of importance: Other Costributory Cases of importance: What test confirmed diagnosis? Westhere an autopsyster Wantest confirmed diagnosis? Westhere an autopsyster Wantest confirmed diagnosis? Westhere an autopsyster Wantest confirmed injury occurr. Specify whether injury occurr. Specify whether injury occurr. Specify whether injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Home, or in PUBLIC PLACE. Specify whether injury occurred in INDUSTRY, in Home, or	_ 8. Trede, profession	n. or particuler		l ormin.	were as follows:	ate of onset
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	kind of work	dona, as SPINNER.	Mone		Garage Ostarian Ocaria	1031
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	9. Industry or busi					1.1.0.1
Other Contributory Causes of importance: 12. BIRTHPLACE (city or town)	SAW MILL, E	BANK, etc	1			
Other Contributory Causes of importance: Other Contributory Causes Nem of operation. Other Contributory Causes Other Contributory C		on (month end	spei	nt in this		
(State or country) 13. NAME 14. BIRTHPLACE (city or town) (Steta or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OF REMOVAL Plece Walking Country 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (State or country) (State or country) (Specify city or town, county and State) Specify whether injury occur? (Specify city or town, county and State) Specify whether injury occur? (Specify c	7 70017	1 9	[0000	rpation	Other Contributory Causes of importance:	
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What test confirmed diagnosis? Wes there an aulopsy? 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION OB REMOVAL Plece Washing Cause Levy 1935 (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) (Ad	H TO MAINE	L. V.				
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (Stata or country) 17. INFORMANT TO THAT PROPERTY OF THE PROPE	(Steta or cou		Mus			2/0
17. INFORMANT Annual Recola (Address) Specify city or town, county and State) 18. BURIAL, CREMATION OB REMOVAL Plece Westernal Course Lety 31, 1935 19. UNDERTAKER 1. Lety 31, 1935 20. FILED and 1. Lety 31, 1935 (Signed) Manual Bull M. D. (Signed) M. D. (Signed) M. D.	15. MAIDEN NAME	Marian	W :00 -			psy.
17. INFORMANT Annual Recola (Address) Specify city or town, county and State) 18. BURIAL, CREMATION OB REMOVAL Plece Westernal Course Lety 31, 1935 19. UNDERTAKER 1. Lety 31, 1935 20. FILED and 1. Lety 31, 1935 (Signed) Manual Bull M. D. (Signed) M. D. (Signed) M. D.	I S PURTURE AGE (1)	James O _V	Auto			10
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address) Westile Maryland 18. BURIAL, CREMATION OB REMOVAL Plece Washington Cause Lay 25, 1935 Manner of injury Neture of injury 19. UNDERTAKER 1 Lawrence 1 Lawre	Stata or cou		CANTIAN.		Where did injury occur?	-, 17
18. BURIAL, CREMATION OF REMOVAL PIECE WASHINGTON COURSE LEGY 35, 1935 Neture of injury 19. UNDERTAKER 1. Leave Levy (Address) Neture of injury 24. Was disease or injury in eny way related to occupation of daceased? If so, specify (Signed) Manner of injury Neture of injury		spital Rec	och	<i>a</i>	(Specify city or town, county and State)	
Plece Westmander Cause 1943, 1935 Neture of injury 19. UNDERTAKER J. A. Straus Lew 24. Was disease or injury in eny way related to occupation of daceased? (Address) Nestrecure 24. Was disease or injury in eny way related to occupation of daceased? If so, specify (Signed) M. D. Uniquia Beyer M. D.			ary	Variat -	Manager of the latest and the latest	
19. UNDERTAKER 1. Steamer store (Address) Vertexester 1966 16 so, specify (Signed) M. D. vignia Beyer M. D.	1 7	mines la Ca	Affe Lee	428 1935		
20 FILED Culy 26 19.35 Chausthee (Signed) M. D. viquia Beyer M. D.		d. Sleave	v flo	well.	24. Was diseasa or injury in eny way related to occupation of daceased?	
70. FILED	Lelis	V6 35 (81	Land	Moore	· · · · · · · · · · · · · · · · · · ·	M. D.
	20, FILED CO.	19 30	uny	Registrar.		

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I	Example I	11	Example II	
The principal cause of de of importance were as fol Arteriosclerosis	ath and related causes lews:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AIG 8 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN	
For authorization of color see	
form Puly mides Berein 11-9-35	- (1)

MARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DE				950	- 00000
County Ca.	rroll			Registration Dist. No.	76
			(1	death occurred in a horpital or institution, give its NAME instead of stds. How long In U. S. if of foreign birth?yrs	St.,War
2. FULL NAME.				yrs	mos
(a) Residence: No.		Bird Hi (Usual place	of abode)	St., Ward. If nonresident give city or 1	town and State
PERSONAL A	ND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DE	
	White	OR DIVORCE	RIED, WIDOWED, D (write the word) Pied	21. DATE OF DEATH July, llt (Month) (Day)	h, 195 (Yeer)
be. If merried, widowed, or di	ivorced				(, , , ,
	onard Fr	rizzell,		22. I HEREBY CERTIFY, That I	ettended deceased fro
5. DATE OF BIRTH (month,					19.25.; death is se
7. AGE Yeers	Months	Deys	If LESS then 1 dey,hrs.	to have occurred on the dete steted above, 45 a.m.	
63	5	18	ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importativere as follows:	Date of onse
8. Trade, profession, or kind of work dom SAWYER, BOOKK	perticular e, as SPINNER,	Housewi	fe	Vlubetis	alin
9. Industry or business	In which		4.9		174
kind of work don SAWYER, BOOKK 9. Industry or business work wes done, a SAW MILL, BANK 10. Date deceased lest w	s SILK MILL, (, etc				ayre
10. Date deceased lest w this occupetion (n year)	vorked at 47	spei	ime (years) nt in this . opetion		
2. BIRTHPLACE (city or tow	n) Carro	ll Co.		Other Coutributory Causes of importence:	- Prote
(Stete or country)	Mary	land			344.
13. NAME S	amuel Ca			<u> </u>	ago
14. BIRTHPLACE (city or	(0411)	roll Co.		Name of operation	Tate of
(State of Country)		yland		Whet test confirmed diagnosis? Clarent & West	here en autopsy?
15. MAIDEN NAME		ine Smit	h,	23. If deeth wes due to external causes (VIOL ENCE) fill in elso the	following:
16. BIRTHPLACE (city or (Stete or country	LUWII I	coll Co.		Accident, suicide, or homicide? Dete of injury	, 19
- (Stete of Country				Where did injury occur?(Specify city or town, county	and State)
7. INFORMANT Leon	ard Fri	zzell,		Specify whether injury occurred in INDUSTRY, in HOME, or in PUI	BLIC PLACE.
(Addre P) F D	#O. West	ninster,	Md.		
PlecDeer Pa		V Date Jul	v. 14.19 35	Manner of injury	
9. UNDERTAKER	6.m.	Malto:		Neture of injury 24. Was disease or Injury in any wey releted to occupetion of decee	sed? Lo
(Address) V	infield	· NICO	0	If so, specify	
O. FILED	, 19	7 co	Registrar.	(Address)	M. I
	If more	blanks are needed, a	ddress State Registrar,	14.1 N. Charles Street, Baltimore, Requesting U. S. No. 1.	7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Cerebral hemorrhage PUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH County Willage or City Ward Length of residence in city or town where death occurred. JYS	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07579
Village or City Aller (If death occurred in a hospital or insitution, give its NAME instead of sever and number) Length of residence in city or town where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 3. SEX 4. COLOR OR RACE 5. SINGLE, MARNED, MUOVED, OR DIVORCED (write tha word) 58. I married, widowed, or divorced (1038) 10380 Or OF BIRTH (month, day, and year) 7. AGE Veers Months 1 day,	1. PLACE OF DEATH	(2)
Length of residence in city or fown where death occurred. 18. FULL NAME 2. FULL NAME (a) Residence: No. (b) Residence: No. (c) Residence: No. (d) Residence: No.	County Carroll	Registration Dist. No. 7.5
Langth of residence in city or fown where death occurred. 2. FULL NAME (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS S.SEX 4. COLOR OR RACE OR DIVORCED Currier than word) 5a. It married, widened, or divorced (Word) 153. A Total Certificate of DEATH 2. It here by Certificate of DEATH 3. It has now a live on. 19. death is said to to have occurred on the date stated above, at. 10. It has now a live on. 10. Salver on particular 2. Trade, profession, or particular 2. Trade, profession, or particular 2. Trade, profession, or particular 2. Salver on the date stated above, at. 3. Trade yor business is a which, work owner, at SIK Mill. 2. Salver on the date stated above, at. 3. Trade yor business is a which, work owner, at SIK Mill. 2. Salver on the date stated above, at. 3. Trade yor business is a which, work owner, at SIK Mill. 3. It may be a stated at this occupation (month and year) 3. It has not country) 3. It has not country 4. La BIRTHPLACE (city or town). A state of years) 3. It may be a stated at this occupation (month and year) 4. La BIRTHPLACE (city or town). A state of years) 3. It may be a stated at this occupation of years occupation. 3. It may be a stated at this occupation of years occupation. 3. It may be a stated at this occupation of years occupation. 3. It may be a stated at this occupation of years occupation. 3. It may be a stated at this occupation of years occupation. 3. It may be a stated at the profession of years	Village or City Clesca	
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE Work 1. S. SINCLE MARNIED, WIDOWED OR DIVORCED (worke tha word) 5.9. If married, widowed, or divorced HUSARD 1. 4. DATE OF DEATH HUSARD 1. 5.9. If married, widowed, or divorced HUSARD 1. 5.9. If married, widowed, or divorced HUSARD 1. 5.9. If married, widowed, or divorced HUSARD 1. 5.9. If I as taw 1. 6. DATE OF BIRTH (month, day, and year) 7. ACE Years Months Days If LESS than I day	Length of residence in city or town where death occurred	
PERSONAL AND STATISTICAL PARTICULARS 3. SIX 4. COLOR R RACE S. SINGLE, MARKED, WIDOWED, OR DIVORCED (write tha word) 5a. Il married, widowed, or divorced (lays) 5b. Il married, widowed, or divorced (lays) 5c. DATE OF BIRTH (month, day, and year) 7. AGE 8. Trads, profession, or particular kind of work done, as SPINHER, SAWER, BOOKKEPER, etc. 8. Trads, profession, or particular kind of work done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or husiness in which work was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which work was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or husiness in which work was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which work was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, SAWER, SAWER, SAWER, BOOKKEPER, etc. 9. Synductry or business in which was done, as SPINHER, SAWER, SAW		
Sa. II married, widowed, or divorced HUSBAND (Bay) (Year) HUSBAND (Month) (Bay) (Year) 5a. II married, widowed, or divorced HUSBAND (Well of		
HISBAND Of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than I day	Unale white OR DIVORCED (write tha word)	July 4 1933
6. DATE OF BIRTH (month, day, and year) fully 4 - /9 3 7. AGE Years Months Days If LESS than 1 day,	HUSBAND of	
T. AGE Years Months Days If LESS than I day,hrs. or	E DATE OF BIBTH (month day and year) whally 4 - 1935	
8. Trade, profession, or particular Kind of york done, as SPINHER, SAWYER, BOKKEPER, etc. 9. Industry or business in which Kind of york done, as SILK MILL, SAWY MILL, BANK, etc. 10. Pale deceased last worked at this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 16. BIRTHPLACE (city or town). (State or country) 17. INFORMANT (Address) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. 35 Ma G. S. James G. S. James G. S. James G. S. James G. Signed). 20. FILED MAY 4. 19.3.5 Mag. G. S. James G. S. James G. Signed). Michael S. James G. S. James G. S. James G. S. James G. Signed). 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed). M. D. S. James G. S. James G. S. James G. S. James G. Signed). M. D. FILED MAY 4. 19.3.5 Mag. G. S. James G. S. James G. M. D. M. D. M. D. Signed). M. D. S. James G. S. James G. S. James G. S. James G. M. D. M. D. Signed). M. D. M. D	7. AGE Years Months Days If LESS than I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
10 Date deceased last worked at 11. Total time (years) spant in this social point (with and year) 12. BIRTHPLACE (city or town) Caracter Company 13. NAME 14. BIRTHPLACE (city or town) Wrest Was there an autopsy? 14. BIRTHPLACE (city or town) Was there are autopsy? 15. MAIDEN NAME Was there are autopsy? 16. BIRTHPLACE (city or town) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury 19. Where did injury occur? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Place Autopate Autopa	9 Trade profession or particular	Stillborn-hematur
13 NAME Country	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
(State or country) 13. NAME 14. BIRTHPLACE (city or town) 14. BIRTHPLACE (city or town) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL 18. BURIAL, CREMATION, OR REMOVAL 19.35 19. Manner of injury 19. Manner of	10. Total time (years) this occupation (month and spant in this	Other Coulributory Causes of importance;
What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? What test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Date of injury. Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Address) Manner of injury. Nature of injury. 19. UNDERTARER (Address) Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Manner of injury. Nature of injury in any way related to occupation of deceased? If so, specify (Signed) Mas there an autopsy? Was there an autopsy? Accident, suicide, or homicide? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. In undertarer (Address) Manner of injury Nature of injury in any way related to occupation of deceased? If so, specify (Signed) M. D.		
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17. INFORMANT fulus Trush [Address] Mellons 18. BURIAL, CREMATION, OR REMOVAL Place of unjury Nature of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED July 4 19.35 May G. G. S. Jenner (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. (Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W Robbertow M. D.	(State of Country)	What test confirmed diagnosis? Was there an autopsy?
18. BURIAL, CREMATION, OR REMOVAL Placa. January Manner of injury Nature of injury 19. UNDERTAKER (Address) 20. FILED July 4 , 19.35 mm gr. q. S. Jenner (Signed) W Robbert M. D. (Signed) M. D.	17. INFORMANT Julius C. Frush	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?(Specify city or town, county and State)
19. UNDERTANER Julius Julius Julius (Parent) (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W & Deliner M. D.	18. BURIAL, CREMATION, OR REMOVAL	
20. FILED TYMU T	19 UNDERTARER Julius Just (Parent)	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED Yuly 4 , 19 35 m is 9r. 9. S. Ilemen Registrar.	(Signed) WRSDerner M. D.

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	Example I		Example II	
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Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUC 5 1935	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1. PLACE OF DEATH	71 1417 111		(131)	U
County Carroll.			Registration Dist. No. 73	+
		_ (lf	al No. Sykesville, Md. St., death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city or town where		yrs, _ _emos	U.s. ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NAME Jesse	Francis	Gallowa	у.	
(a) Residence: No. 4906 A	rabia St (Usualplace o	Balti	MOBE, Md Ward. If nonresident give city or town and State	
PERSONAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
Male. 4. COLOR OR RACE White.	5. SINGLE, MARI OR DIVORCED WICO	(write tha word)	21. DATE OF DEATH July 14 (Month) (Day) (193)	5
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of Kat	e Dooley	•	June 11, 1955 to July 14, 1	ed from
	uly 25,		I last saw him alive on July 14, 19 35 deat	
7. AGE Years Months	Oays	if LESS than 1 day,hrs.	to have occurred on the data stated abova, at 4:20p.m.	
71 11.	19.	ormin.	ware as follows:	ofonset
8. Trada, profession, or particular kind of work dona as SPINNER, SAWYER, BOOKKEEPER, atc.	Vachinia		Chronic Interstitial	
SAWYER, BOOKKEEPER, atc			Nephritis. prior to 6/11	1.35
work was done, as SILK MILL, B	.&O.R.R.	Shop.		
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	11. Total ti	me (years) t in this 48.		
12. BIRTHPLACE (city or town) Balt. (State or country)	imore, Marylan	d.	Other Contributory Causes of importance:	****
I I3. NAME Jesse Fr	ancis Gal	llowav.		
H 13. NAME Jesse Fr. 14. BIRTHPLACE (city or town) Mar. (State or country)			Name of operation Sympts & Lab Tests an autopsy What lest committee an autopsy	n Mo
# 15. MAIDEN NAME Elizabe	eth Ledl	ey.	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Elizabe 16. BIRTHPLACE (city or town) (Stata or country) Ma:	ryland.		Accident, suicide, or homicide?	9
17. INFORMANT Springfield (Address) Sykesvill	State Ho	sp.Record	(Specify city or town county and State)	
18 BURIAL, CREMATION, OR BEMOVE	elle July	117,35	Mannar of injury	
19. UNDERTAKED A STORY	ad Er	Ef.	If so, specify	0
20. FILED Suly V, 185 C	Hauy)	Registrar.	(Signed) Marry F, Baer, (Address) Sykesville, Md.	M. D.
If mor	e blanks are needed, a	ddress State Registrar,	2411 N. Charles Street, Ballimore, Requesting U. S. No. 1.	1

STATE OF MARYLAND-CERTIFICATE OF DEATH

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	Example II	4 -
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
uly 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car uly 5, 1927 Peritonitis Other contributory causes of importance:

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Carroll Registration Dist. No. County HOSPITAL. Village or City Sykesville. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred 121 Washington ave, Manon, Upper Bouty, Do 2. FULL NAME If unpresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3 SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Male White Married (Month) 5a. If married, widowed, or divorcad HUSBAND of 22. CERTIFY. That I attended deceased from (or) WIFE of Marian 6. DATE OF BIRTH (month, day, and year) If LESS than 7. AGE Years Months Davs 1 dayhrs The PRINCIPAL CAUSE OF DEATH and releted cousas of importance Unk or____min. Date of coset Trede, profession, or particular kind of work dona, as SPINNER, Rai OCCUPATION 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) 10. Date decaased lest worked et spant in this this occupation (month and oc-upation ____ 12. BIRTHPLACE (city or town) (State or country) George Grebb FATHER 13 NAME Name of operation_____ 14. BIRTHPLACE (city or town) Germany (State or country) MOTHER 23. If death was due to external causes (VIOL ENCE) fill in also the following:

Amelia Lehnert 15. MAIDEN NAME

Baltimore. 16. BIRTHPLACE (city or town) (State or country)

Records, S. S. Hosp., HOSD. Sviesville. (Address)

If so, spacify

Mannar of injury

Where did injury occur?.

Accidant, suicide, or homlolde?______ Date of injury_______ 19____

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE,

24. Wes disease or injury in eny wey reletad to occupation of deceased?__

(Specify city or town, county and State)

Registrar.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		i	Example II	6
The principal cause of do of importance were as for	eath and related causes ollows: CEIVED	Date of or	set	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915		Attack of epilepsy	1 week ago
Chronic interstitial nephriti	s ALIC 9 1695	1921		Run over by street car	1 week ago
Cerebral hemorrhage	The second second	July5,1	927	Peritonitis	3 days ago
	BUREAU V. S.				1
11	District of Landson State of State of Landson	20.00			
Other contributory cause	es of importance:	100		Other contributory causes of importance:	
Gallstones		May 1,1	923	Gastroenteritis -	1 year
					1 TO 1 TO 1

	ADDITIONAL	SPACE FOR	FURTHER	STATEMEN	ITS BY	PHYSICIAN	I
Massive	bilateral	Pulmona	ry infa	rets for	und a	t autop	sy.

m ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	23
County Carroll	Registration Dist. No. 26
Village or City Westminster	No. Riberty Neighto St. Ward
	death occurred in a horpital or institution, give it MAME instead of street and number)
To 0 . 11	
2. FULL NAME Trances Louise Gro	II U.S. Veteran specify WAR
(a) Residence: No. (Usual place of above)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Finale White OR DIVORCED (grite the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) How 17, 1917	I last saw have alive on July 13 1 19 3 daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above at _ 4 _ Pt _ m.
17 7 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causas of importanca were as follows:
8 Trade profaction or particular	Pulsuman Tulurenlus aus
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	1 year
9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. late deceased last worked at this occupation (month and spent in this	
year) occupation	DIL C. A. C. A.
12. BIRTHPLACE (city or town) - Naubus Fury	Dthar Centributory Causes of Importance:
(State or country)	
13. NAME Cunoil F. Grove	
14. BIRTHPLACE (city or town)	Name of operation Data of
(State or country) Maryland	What test confirmed diagnosis? Chicist Was there an autopsy? Les
15. MAIDEN NAME Kouish Kusu	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicise? Data of Injury 19
7/1.01	(Specify city or town, county and State)
(Address) M. Augustus M.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Vergus Ferry W Va. Date July 17, 1930	Natura of Injury
19, UNDERTAKER J. Franciskeese	24. Was disaase or Injury In eny way related to occupation of daceased?
(Address) Westwinster, M.S.	If so, specify
20, FILED 7/16 BY FECUSION	(Signad) CL Bellingelle M. D.
Registrar, /	(Address) (1) Rx 1-14 Ma Br. 1) Mall

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	-17	Example II	
The principal cause of death and rolated causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contribute			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) (Oay) (Yaar) 1935

If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH... 21. DATE OF DEATH July 12. (Month) CERTIFY That I attended deceased from alive on July 12, 1935 The PRINCIPAL CAUSE OF DEATH and related causes of importance Pulmonary Tuberculosis Name of operation What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?___ Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE. 24. Was diseasa or injury in any way related to occupation of deceased? If so, specify (Signed)_

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
The state of the s			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

Date of onsat

Registration Dist. No.

How long in U.S. If of foreign birth? ______vrs. ____wrs.

If nonresident give city or town and State

MEDICAL CERTIFICATE OF DEATH

CERTIFY, Thet Jattanded daceesed from

The PRINCIPAL CAUSE OF DEATH and related causes of importence

Quele Ahoumatic Fire

What test confirmed diegnosis? Was there an eutopsy?

23. If deeth was due to externel causes (VIOLENCE) fill in also the following:

Accidant, suicide, or homicide?______ Date of injury______ 19

(Specify city or town, county and State)

Specify whather injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

24. Was disease or injury in any way ralated to occupation of deceased?

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Registrar.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I VED		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	
Chronic interstitial nephritis Cerebral hemorrhage	1921 July 5,1927	Run over by street car Peritonitis	1 week ago 1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

mation shou

V. S. No. 1

			OF MAR	YLAND-	CERTIFICATE OF DEATH	(550
	CE OF DE	11			40	
	nty Ga	1 1.	0 /		Registration Dist. No	.2
Villa	ige or City	akefus	A	(I)	NoSt., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Leng	th of residence in	city or town where	death occurred2	Q_yrsmos	ds. How long In U.S. if of foreign birth?yrsm	osds
2. FUL	L NAME	Barba	ra an	ne Hoor	rer	
(a)	Residence: No.				St., Ward.	
			(Usual place		If nonresident give city or town and	State
		ND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
7-cm	ale W	hite	5. SINGLE, MAR OR DIVORCE Widou	RIED, WIOOWED, D (write the word)	21. DATE OF DEATH July / 4 (Month) / (Oay)	, 193 S (Year)
HUCRA	ed, widowed, or d					
(or) W	IFE of Geor	ac P.L. A	Hoover		22. I HEREBY CERTIFY, Thet I attended May 23 1935 to July 14	deceased from
		>	- /.	91 15.15	I lest saw her alive on July 3 1930	, 1929
7. AGE	BIRTH (month,	day, end year) /	Deys	26-1865 If LESS than	to have occurred on the dete steted above, et 10 30 m.	_; death is said
	70	4/	18	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
_ 8. Tree		1		ormin.	were as follows:	Oate of onset
	de, profession, or kind of work don SAWYER, BOOKK	e, as SPINNER, EEPER, etc.	none		Bronelis Preclingue	7~12~
	ustry or business work wes done, e SAW MILL, BANK					-
-	e deceesed lest v this occupetion (r year)	vorked et nonth and	spe	ime (yeers) nt in this upation		-
	LACE (city or tow		***************************************		Other Coutributory Causes of Importence:	
1	te or country)	md.	0			-
13. NAM	ME Jums	od has	gle_		None	-
14. BIR	THPLACE (city or	4			Name of operation Date of	
	(State or country	9 -5 -00	many	1 +	What test confirmed diagnosis? Wes there en	
15. MAI	OEN NAME	sarah.	Brith	arl	23. If death wes due to externel causes (VIOLENCE) fill in elso the following	
16. BIR	THPLACE (city or (State or country		/		Accident, suicide, or homicide? Date of injury	, 19
· · · · · · · · · · · · · · · · · · ·	7 0	01-0-	rd.		Where did Injury occur? (Specify city or town, county and Sta	te)
	ANTHUS COLORES		Trus	Ond	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
	CREMATION, OR		1	0	Manner of injury	
Plece	Winters	Emitery	Oate Jul	4 17 , 1935	Nature of Injury	
I9. UNOERT	AKER HB.	nkard	Lam		24. Was diseese or injury in eny way related to occupetion of deceesed?	740
	iress) Was	tminate	n Or	d.	If so, specify	
20. FILED	716	134 Ene	m &Ben	leel	(Signed) Jas. J. March	
1111		y Avenue before	2 al	Registrar.	(Address) Me Winds Yud.	

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1921 July 5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:	

V. S. No. 1

FATHER

(Addiass)

of OCCUPA. should

	CTATEO	E MAD	VI AND	CEDITIEICATE OF DE	
1. PLACE OF		r MAR	YLAND—	CERTIFICATE OF DE	ion Dist. No.
Length of resid	dance in city or town where d	aath occurred	yrs <u>/i</u> mos	New Windsor, death occurred in a hospital or institution, give its NA How long in U.S. If of foreign birth?	St., Ward
	ME Ezra P.				
(a) Residen	ce: No.	(Usual place	ston, Md.	St., Ward.	dent give city or town and State
PERSON	IAL AND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICA	TE OF DEATH
s. sex Male	4. COLOR OR RACE White	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July, (Month)	9th, 1935 (Pay) (Year)
5a, If married, widow HUSBAND of (ar) wife of	Molli	E.Hor	ton,	22. I HEREBY CERTI	FY. That I attanded deceased from
6. DATE OF BIRTH ((month, day, and year) 187	7-11-1:	L	I last saw here alive on puly 9 7	1935; daath is said
7. AGE Yaa	7 Months	Days 28	If LESS than I day,hrs. ormin.	to have occurred on the date-stated above, a8: The PRINCIPAL CAUSE OF DEATH and related owere as follows:	
SAWYER, Industry or t work was SAW MIL Data daceasa this occup	ssion, or particular york dona, as SPINNER, BOOKKEEPER, etc Cabusinass in which s dona, as SILK MILL, L, BANK, etc		me (yaars 10yrs		Devention abill 35
12. BIRTHPLACE (cit	y or town) Frede	erick Co	0.,	Other Contributory Causes of importanca:	

(Stata or country) 13. NAME Carroll Co. 14. BIRTHPLACE (city or town). Maryland (State or country) I. Garver 15. MAIDEN NAME Frederick Co 16. BIRTHPLACE (city or town)

MOTHER (State or country) Maryland

Windsor Md

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER

Registrar.

(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury

Accident, suicida, or homicide?______ Date of injury______ 19

23. If death was due to external causes (VIOLENCE) fill in also the following:

What test confirmed diagnosis?_____ Was there an autopsy? The

24. Was disease or If so, spacify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Natura of injury

Where did injury occur?___

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

FOR BINDING

MARGIN RESERVED

V. S. No. 1

		TE O	F MAR	YLAND-	CERTIFICATE OF DEATH 07	558
1. PLACE C			Mort		red Branch (23).	
	arroll		353 -		Registration Dist. No. 74	
/			Maryla	O vrs 1 mos	No. St., death occurred in a hospital or institution, give its NAME instead of street and no ds. How long in U.S. if of foreign birth?	Ward
2. FULL NA					WAR SERVICE -NONE	
2. FULL NA	140	W W	antrome	ry St F	Baltimore Ward Maryland.	
(a) Reside	nce: No. 11	11 4 707	(Usual place		If nonresident give city or town and	State
PERSO	NAL AND S	TATISTI	CAL PART		MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OF		5. SINGLE, MAR OR DIVORCE Single	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 10, 1935 (Month) (Day)	193(Yaar)
5a. If married, wido HUSBAND of	wed, or divorcad					
(or) WIFE of				Estiller vol	June 5, 1935, 19 July 10, 19	eceased from づち。
6. DATE OF BIRTH	(month, day, and	year) Ma	rch 1,	1906		; death is said
7. AGE Ye	ars	Months	Days	If LESS than	to have occurred on the date stated above, et 1.15 m.P. M.	
- 1	29	4	9	or XXXXXX	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
Z 8. Trade, prof	ession, or particu	lar DINNED TO	ressmak		Pulmonary Tuberculosis	Oct
SAWYE	R, BOOKKEEPER,	etc	ressmar	rer		1934
work w	business in whi as done, as SILK ILL, BANK, etc	MILL,				
U 10. Date decea	sed last worked upation (month a Un Know!	at	11. Total t	ima (years) ntig this		
	I	Baltim			Other Contributory Causes of importance:	
12. BIRTHPLACE (State or co		Maryla				
1	lexande					
Ξ		Unkno	WI		Nama of operation	
(Stata	or country) BI	itish	West]	indies	What test confirmed diagnosis? Was there an au	itoney? O
15. MAIDEN N	AME Sal	rah Li	gan		23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN N	E (city or town).	Prosp		×	Accident, suicide, or homicide? Date of injury	7, 79
∑ (State o	or country)	Virgi			Where did injury occur?	
17. INFORMANT (Address)			ill, M. Marylar		(Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMA	TION, OR REMO	VAL	0.	146	Manner of injury	
Place	aulin		Datopuly	14 ,19.35	Nature of injury	
19. UNDERTAKER _ (Address)	(084)	sak,	Le Du	m soe	24. Was disease or injury in any way related to occupation of deceased? NO)
20. FILED 7/1		Mhu	6,0	Medle,	(Signed) Henryton, Maryland	M. D
		16	Links manual d	J. C. B.	N. C. I. C. P. I.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 9 9 10 1 10 10 10 10 10 10 10 10 10 10 10 1			
Other contributory causes of importance?		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		c	

V. S. No. 1

1. PLACE OF DEATH		LAND	
County Carroll			Registration Dist. No. 75
Village or Cityhn. In an ch		nd. (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME frame. (a) Residence: No. In manche	Ir astru	oll be ma	St., Ward. If nonresident give city or town and State
PERSONAL AND STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH
Male White	5. SINGLE, MARR OR DIVORCED Married	RIED, WIDOWED, (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
Sa. If married, widowed, or divorced HUSBAND of Debby Hubbs (or) WHFE of	Kastner		1 HEREBY CERTIFY, That I attended deceased from 30, 1935, to 1935
6. DATE OF BIRTH (month, day, end year)	od. 23-	- 185-2	plant saw h alive on July 9 1, 1931; death is sain
7. AGE Years Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at. J.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were esfollows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc			Carcinoma 9 Stomack 1939
SAW MILL, BANK, etc		me (years) t in this pation	
	in		Other Contributory Causes of importance:
13. NAME Jeorge /ra 14. BIRTHPLACE (city or town) (State or country)	other	7	Name of operation Exploratory Date of which was there an autopsy?
15. MAIDEN NAME NOT / KN	wown 0	111111111111111111111111111111111111111	What test confirmed diagnosis? Was there an autopsy? L. 23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)			Accident, suicide, or homicide?
17. INFORMANTMA & Toby W- Kas (Address) pt. D. man chust	ther me	<i>l</i> .	(Specify city or town, county and Stale) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place! John's blem: Westministe	211	13,1935	Menner of injury
19. UNDERTAKER & Sankard & Son (Address) W gatminster	c md.		24. Was disease or injury in any way related to occupation of deceased?
20. FILEDALISTO, 1935 me	N. P. J.	Denner	(Signed) Manchette Md M.

CTATE OF MADVIAND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I		Example II	
The principal cause of importance were a Arteriosclerosis	of death and related causes s follows:		The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nepl		1921	Run over by street car	1 week ago
Cerebral hemorrhage	VAR 9 1999	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory ca	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

RESERVED

MARGIN

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Example I		Example II	A A
The principal cause of death and related causes of importance were as follows: Arteriosclerosis Chronic interstitial nepozitis AUG 6 1930	1915 1921	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	1 week ago
Cerebral hemorrhage BUREAU V. S.		Run over by street car Peritonitis	1 week ago 3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CHANGE OF SURNAME FROM 'CORNISH' TO 'KIAH' AUTHORIZED BY LETTER FILED UNDER S.E.FLANAGAN JP. coroner. August 19, 1935.-L.

Bureau Vital Statistics, State Dept. Health, Balto. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore Requesting V. S. No.

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Exa	mple I	ii	Example II	
The principal cause of death of importance were as follow Arteriosclerosis	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	9861 62	1931	Run over by street car	1 week ago
Cerebral hemorrhage	TIPE A STORY	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	importance:	4	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Correction of social condition from WIDOWED to MARRIED authorized by attending physician in letter filed August 7, 1935 under Dr. Schmidt. Bureau Vital Statistics, 2411 N Chas. St., Balto. Md.-L.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 07592
1. PLACE OF DEATH	(Na)
County Carrel	Registration Dist. No. 75
Village or City no manches les	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 2 O ds. How long in U.S. if of foreign birth?
2. FULL NAME Edith may Lowe.	
(a) Residence: No. 72 . Mauchastus Carroll C	USt. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ten Me. 5a. If married, widowed, or divorced	21. DATE OF DEATH Charles 2/ (Day) (Pear)
HUSBAND of Chas M. Lowe.	22. I HEREBY CERTIFY, That I attended deceased from 193 J. to July 2/ 1935
6. DATE OF BIRTH (month, day, and year) June 25/1885	I last saw h. en alive on July 16 0,1931; death is said
7. AGE Yaars Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at III-e-m.
50 0 26 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronchial allima 3/1/35
Solution of the state of the st	
O 10. Data deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country) Plnn &	
II 13. NAME Emannel Baher	7
13. NAME Smannel Baher 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was thara an autopsy?
I 15. MAIDEN NAME Elyabeth Tromfeller	23. If death was due to axternal causas (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cly about Fransfelier 16. BIRTHPLACE (city or town) (State or country)	Accidant, suicide, or homicide?
17. INFORMANT Chis n. Lowe . (Address) Hambstend RD #	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Adams Company 3, 1935	Manner of Injury
19. UNDERTAKER Wom G. Flish (Address) Hanva Bu.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED fully 22, 1935 mrs. Mr. J. Denner Registrar.	(Signed) Will Denner M. D. (Address) Wanelistes Wif

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy S A RV ARS	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GENED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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plnods

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Nature of injury

If so, specify

24. Was disease or injury in any way related to occupation of deceased? NO

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of Importance: Gastroenteritis	Lipean
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN	8

FOR BINDIN

MARGIN

S. No.

2

1. PLACE OF DEATH

	Registration D	ist. No.	
No. Mary la	rud	st.,	Ward
eath occurred in a horpital or institution			
How long in U.S. if of 1	oreign bifth!	m	osds.
nalout			
Ward.	If nonresident of	ve cily or town and	State
MEDICAL CE			Diago
21. DATE OF DEATH	_		
Jul	(Month)	28 m	, 193 (Year)
00 1115557	CEDILE	The Lawrence	decreed from
May- 9-h	235 to	uly 2	deceased from
I last saw h alive on	-ucy	5, 19.3.5	; death is said
to have occurred on the date stated		.A.m.	
The PRINCIPAL CAUSE OF DEATH were as follows:	and related causes	of Importance	Date of onset
(4)			100
Julmon	excul	1 41 2	1927
, w	useuk	raio.	
Other Contributory Causes of import	ance:		
Name of operation	2-1	Oate of	
What test confirmed diagnosis?	marlary.	Was there an	autopsy?_ZO
23. If death was due to external cause	es (VIOLENCE) fill	in also the following	g:
Accident, suicide, or homicide?	200 D	ate of injury	, 19
Where did injury occur? WB	ul.	10.	
Specify whether injury occurred in	INOUSTRY, in HOM	own, county and Sta IE, or in PUBLIC PL	ACE.
Manner of injury Zwil			
Nature of injury ZUDW	2		
24. Was disease or injury In any way	y related to occupat	ion of deceased?	200
If so, specify			
(-8.00)	PHan	Me his	M. D.
(Address)SIJA	rsville	rud	
411 N. Charles Street, Baltimore, Requ	uesting U. S. No. 1		

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example 1 C 1 V E		Example II	
The principal cause of death and related causes of importance were as follows AUG 3 1505	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis BUREAU V.	1915	Attack of epilepsy	1 week ago
Chronic interstitutat nephritas	1921	Run over by street car	1 week ago
Cerebral hemorrhage	ly5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 07595
1	. PLACE OF DEATH	59)
	County Carroll.	Registration Dist. No. 74
	Village or City Springfield State Hospital	1 , No. Sykesville, Md. St., Ward death-occurred in a hospital or institution, give its NAME instead of street and number)
		ds. How long in U.S. If of foreign birth?
2	. FULL NAME CATHERINE HIGGINS MALOO	***************************************
	(a) Residence: No. 2204 Westwood Ave., Ba:	It simore, ward. If nonresident give city or town and State
energy.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4. COLOR OR RACE Female. White. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married.	21. DATE OF DEATH July 22 , 193 35. (Month) (Dev) (Yeer)
5e.	If merried, widowed, or divorced HUSBAND of (or) WIFE of Thomas V.Malooly.	22. I HEREBY CERTIFY, That I attended deceased from
	- 1871	July 1, 19 35to July 22, 19 35 deeth is seld
_	DATE OF BIRTH (month, day, end year) AGE Years Months Days If LESS than	to heve occurred on the dete steted above, at 5:55pm.
	6 4 - 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end raieted causes of importance
PATION	8. Trede, profession, or perticular kind of work done, es SPINNER, Housewife.	Chronic Valvular Heart Disease (Mitral & Aortic)
UPA	Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc	with Myocardial Decompen-
DOCO	10. Date dacessed lest worked at this occupation (month end year) 11. Total time (years) spent in this occupation Unix	sation. prior to 7/1/35.
12	BIRTHPLACE (city or town) Frederick County, (Stete or country) Maryland.	Other Contributory Causes of importence: Diabetes of unknown origin. prior to 7/1/35.
ER	13. NAME David Fogel.	,
FATHER	14. BIRTHPLACE (city or town) Frederick County, (Stete or country) Maryland	Neme of operation. Dete of
ER	15. MAIDEN NAME Catherine Miller.	23. If death was due to externel ceuses (VIDL ENCE) fill in also the following:
MOTHER	16. BIRTHPLACE (city or town) Frederick County, (State or country) Maryland.	Accident, suicide, or homicide?
17	INFORMANT Springfield Hospital Records. (Address) Sykesville, Md.	Where did Injury occur? (Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HDME, or In PUBLIC PLACE.
18	BURIAL, COMMATION, OR REMOVAL PLANE Date July 25, 1931	Manner of Injury
19	UNDERTAKER Seo. A. Farling (Addiss) 150 W Jayelle of	24. Was disease or Injury In eny wey related to occupetion of deceased? NO.
20	FILED Lely 22, 1935 Co farry New Registrar.	(Signed) Harry F. Daer, M.D. (Address) Ksykesville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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	Example II	
Date of onset	of importance were as follows:	Date of onset
1915/	A tunck of epilepsy	1 week ago
19/1	Bun over ry-street car	1 week ago
July 3,1927	Peritoni	3 days ago
Um		
	10ther community auses of importance:	
May 1,1923	astrom ritis	1 year
124		
	1915 196 July 1927	The principal cause of death and related causes of importance were as follows: 1915 About of epilepsy Bun over by street car July 1927 Peritonia

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH

1. PLA	CE OF DEATH	1	Maryla	and Tuber	rculosis Sanatorium 07	7596
Cour	nty Carrol	1		Color	ad Branch 23 Registration Dist. No. 74	
	ge or City Hen		Maryla	nd	Np. (above) st.	Ward
			*	()	f death occurred in a horpital or institution, give its NAME instead of street and 16 day yes, long in U.S. If of foreign birth RV Vism	number)
2. FUL	L NAME Joh	n Thom	nas Muns	on	WAR SERVICENo	one
(a)	Residence: No. Wa	ldorf,	Prince	Geo's Co	O . st. Md . Ward.	AT 1
			(Usual place		If nonresident give city or town and	I State
	RSONAL AND				MEDICAL CERTIFICATE OF DEATH	
3. SEX Male	e Colo		or Divorcei	RIED, WIDOWED, O (write tha word) C C	July 12, 1935 (Month) (Day)	., 193(Year)
5a. If marrie HUSBA	d, widowed, or divorca	d		Line State of		
(or) W		Magg	gie Muns	on	22. I HEREBY CERTIFY, That I attended March 26, 193419 to July 12, 19	
6 DATE OF	BIRTH (month, day, e	nd year)	June 21.	1871	l last saw h. 1m alive on July 12, 1935 19	
7. AGE	Years	Months	Days	If LESS than	to have occurred on the date stated above, at 4.10 P. M.	-,
	64	0.	21	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importanca wera as follows:	
8. Trad	de, profession, or parti kind of work done, as SAWYER, BOOKKEEPE	cular SPINNER, R etc	Farmer		Pulmonary Tuberculosis	Date of onset
A 9 Indu	ustry or business in w work was done, as SIL SAW MILL, BANK, etc.	hich K MILL,	Unknown			Aug.
OT	deceased last worka this occupation (month year)		11. Total ti	me (years) It in this Unkno	w.n	1932
	LACE (city or town)	Wold	dorf	pation Cilitary	Other Contributory Causes of importance:	
	e or country)	Mary	yland			
13. NAN	ME	Rafe	e Munson			
	THPLACE (city or town (State or country)	Unkr Mar	nown yland		Name of operation Date of Was there en	autonsy? NO
15. MAI	DEN NAME	Susa	anna Boo	se	23. If death was due to axtarnal causas (VIOLENCE) fill in also the following	
15. MAI 16. BIRT	THPLACE (city or town	Unkr	nown		Accident, suicide, or homicide? Date of Injury	•
Σ ,	(State or country)	Mary	rland		Whare did Injury occur?	
17. INFORMA	ANT 7/12/5	5 the	HEury	ell'	(Specify city or town, county and Sta Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) .ACE,
	CREMATION, OR REM	OVAL	1/	1	Mannar of Injury =	
Place	21		Date/	4 ,19.31	Natura of injury	
19. UNDERT		unc	va lor	Lina.	24. Was disease or Injury In any way related to occupation of dacaased?	No.
20. FILED	7/12/35,19	Depu	ty Local	Heile . Registrar.	(Signad) The Control (Address)	ou we
					2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

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Example I		Example II	- 15
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RD. Every item of inforshould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-PHYSICIANS NLY, WITH UNFADING INK-THIS IS A PERMANENT RI matter should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. N. B.—V from PL. V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 7/
Village or City Miniontonin Dist	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mary aluerta 1	nyers
(a) Residence: No.	Ost., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
(or) WIFE of Sugastus N. Myers	22. THEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, and year) Sept 24, 1860	I last saw h est alive on July 7, 1935; death is seid
7. AGE Yeers Months Deys If LESS then	to have occurred on the deta stated above, at 2 As.m.
74 9 /3 - 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trede, profession, or perticulár kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
SAW MILL, BANK, etc.	Oralization for the
Data deceased lest worked at this occupetion (month end spant in this occupation occupation	ausal man
	Other Cantributary Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	Lahrung asenthema 1934
	Tous Duppilles
13. NAME Caphriam Bantgel 14. BIRTHPLACE (city or town)	Name of operation Javas Date of
(Stete or country) Maryland	What test confirmed diegnosis? Physical Res there an au'opsy? Held
15. MAIDEN NAME May Boose	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(State or country)	Where did injury occur?
17. INFORMANT Musey B. Trylis (Address) Janestrum had D	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	
Placa Filmer Rung Mate July 11, 1933	Manner of injury
19. UNDERTAKER J. M. Jittle X Jana. Skr (Address) Jittle Lower 184. P. S.	24. Wes diseasa or injury in any wey related to occupetion of deceasad?
20. FILED July 11, 1935 Margaret Pr Englane	(Signed) Lewes Cotton M. D. (Address) Association and M. D.
If more blanks are needed address State Penistra	200 N Charles Street Religions Properties (1) S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEA	IH			400	/
CountyCarroll				Registration Dist. No.	5
Village or City	Village or City near Louisville			No. St	Ward
Length of residence in c	ity or town where	death occurred	vrs 7 mos	f death occurred in a horpital or institution, give its NAME instead of street and s	number)
		ice Par		If II S. Veteran specify WAR.	1105
(a) Residence: No.	Gam	ben (Usual place	of abode)	St.,Ward.	d \$1
PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	d Diale
3. SEX 4. COLO	R OR RACE	OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH July 12	, 193.5
5a. If married, widowed, or divo	rced				
(or) WIFE of JO	seph T.	Parris	h	22. HEREBY CERTIFY, That I attender	d deceased from
6. DATE OF BIRTH (month, da	u and waar)	Jan. 23	. 1859	0.1.14	19.4 A.
. AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, at 113 Qs.m.	, death is said
76	5	19	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
8. Trade, profession, or prokind of work done,	articular as SPINNER,			Cardio Renal Vascular	Date of onset
SAWYER, BDDKKEE	PER, etc which	at hom	۹	Klinens	2 yeu
kind of work done, SAWYER, BDDKKEE SINDUSTRY OF DUSINESS IT WORK WES DONE, 285 SAW MILL, BANK, 0 10. Date deceased last wol	SILK MILL, etc			Chini Casendando Mariti	age
tina occupation (into	nth end	11. Total ti	ime (yeers) nt in this	arterio- religione	t
year)		00:10	petion	Dther Contributory Causes of Importance:	
z. BIRTHPLACE (city or town) (State or country)	Mar	yland		Hyperthymulum	1.5cm
13. NAME GOO	rge W.	Gorsuch	, Jr.	,	
13. NAME GOOD 14. BIRTHPLACE (city or to (State or country)	wn)Ma	ry land		Name of operation Oete of	
		Gosnel	1		
				23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Oate of Injury	
16. BIRTHPLACE (city or to (State or country)	"") Mar	yland		Where did injury occur?	AME instead of street and number) I yrs
17. INFORMANT	oseph T Gamber		sh	(Specify city or town, county and Sta Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PI	ile) LACE.
8. BURIAL, CREMATION, DR R	EMDVAL			Manner of injury	
Plece Gambe	r	Date_July	y14., 1935	Neture of injury	
J. UNIDERTAREK		cis Rees		24. Was disease or injury in any way related to occupation of deceased?	na
20. FILED 7//2	9-717	Clos	sodus	(Signed) C. F. Bullengalen	м. D
//		7	Registrar.	(Address) Westerica	20000

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	MATERIAL SERVICE
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	PACE F	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

	3	HAIE	JF MAR	YLAND	CERTIFICATE OF DEATH	Con
	1. PLACE OF DEA	TH)93
	County Jari	coll			Registration Dist. No.	4
		Sykesvi.	lle			
d	vinage or City			2 0	NoSt.,St.,Steach occurred in a hospital or institution, give its NAME instead of street and n	Ward
	Length of residence In o	city or town where	death occurred	600	sds. How long In U.S. if of foreign birth?yrsmo	
	2. FULL NAME	diss Na	nnie Rei	ch		
		Med	15 XV - 1	del M	lde Ward	
	(a) Residence: No.		(Usual place		St., Ward. If nonresident give city or town and	State
Manh	PERSONAL AN	ND STATIST		THE RESERVE ASSESSMENT OF THE PARTY OF THE P	MEDICAL CERTIFICATE OF DEATH	Diale
3.		OR OR RACE	5. SINGLE, MAI	RRIED. WIDOWED.	21. DATE OF DEATH	
I	Fenale Whi	ite	OR DIVORCE	ED (write the word)	July 23	. 193 5
5a	. If married, widowed, or div	oread	I DELIGITA		. (Month) (Day)	(Year)
	HUSBANO of - (or) WIFE of				22 A HEREBY CERTIFY, That I attended	deceased from
	(07) 11112 01		1 4 7 1 4	066	ZE Tulie	19.35
6.	DATE OF BIRTH (month, da		eb 15, 1	866	I last saw her alive on July 22 1935	; death is said
7.	AGE Years	Months	Oays	If LESS than	to have occurred on the date stated above, atAm.	
	69	6	8	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
	8. Trade, profession, or p	perticular .	1		were as follows: Generalized Carcinoma	Dape of onset
OCCUPATION	kind of work done SAWYER, BOOKKE	as SPINNER, EPER, etc.	nousel	epen	Pina di a	
	9. Industry or business i	n which	own home		· Tourney correspond of assending colons	
U.S.	work was done, as SAW MILL, BANK,	etc	OWIL HOISE		Duration? Since Trugast, 1924 Center	
00	10. Date deceased last we this occupation (me	orked at	1 9 3 11. Total	time (years) ent in this 11f		
_	year)		OG:	upation	Other Contribution Contribution	
12	BIRTHPLACE (city or town)	nr. F	rederick		Other Contributory Causes of importance:	
			CK UD.		Gastric Hemorrhage	
ER	13. NAME Henry	G Reich			General Debility	******
FATHER	14. BIRTHPLACE (city or to	own)	Frederic		Name of operation Oate of	
F	(State or country)	WIII	ederick	Co.	What test confirmed diagnosis? Was there an a	wanawa INO
EB	15. MAIDEN NAME Rac	chel De	Lashaur	t	23. If daath was due to external causes (VIOLENCE) fill in elso the following	
MOTHER		7.000	erick			
MO	16. BIRTHPLACE (city or to (State or country)	owu)-Frank	srick-Co)	Accident, suicide, or homicide? Date of Injury	, 19
_		Lilie :	Spencer		Where did injury occur? (Specify city or town, county and State	()
17.	(Address)				Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18	BURIAL, CREMATION, OR		- /			
	Place	LCK	Date	ly 251035	Manner of injury	
	W.E.	Falcon		7	Nature of injury	
19	. UNDERTAKER	market	-id		24. Was disease or injury in any way related to occupation of deceased?	140
_	(Address)		//	1	If so, specify	
20.	FILED WLLY 23.	1935 (4)	tarres	YELL	(Signed) surge left	M. 0.
	// /			Registrar.	(Abdress) Sylvesylle, Ind.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		•	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I		Example II	- 1
The principal cause of death and related cause of importance were as follows: Arteriosclerosis CEIVE	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage AUG 8 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S	2		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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gamen	Example I		Example II	
The principal cause of of importance were as fo	leath and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	7005	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDGALL V. S	July 5,1927	Peritonitis	3 days ago
	(7)			
NO. I STATE OF THE PARTY OF THE				
Other contributory caus	es of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				Market St.

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Exa	ample I		Example II	
The principal cause of deat of importance were as follow	h and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIV	E 1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	AUG 6 190	July 5,1927	Peritonitis	3 days ago
	BUREAU V	S.		
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				TOTAL

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI should Registration Dist. No. County Village or City death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? vrs. mos. ds. Length of residence in city or town where death occurred statement PHYSICIAN 2. FULL NAME eteran apecify WAR. CORD. (a) Residence: No. Ward. If nonresident give city or town and State (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, & DEVORCED (write the word) (Mont) (Day) marriad, widowed or divorcad HUSBAND of HER Y CERTIEY. That i attended deceased from (OT) WIFE OL 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Months Davs If LESS than I day. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. OCCUPAT 9. Industry or business in which may back should work was dona, as SILK MILL, SAW MILL, BANK, etc ... 10. Data deceased last worked at 1. Total time (years) this occupation (month and spent in this that occupation instructions Other Contributory Causes of Importance 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) efully What test confirmed diagnosis?. ----- Was there an autopsy? MOTHER 15. MAIDEN NAME important. 23. If death was due to external causes (VIOLENCE) fill in also the following: E Accident, suicida, or homicide?_______ Date of injury_______19____ DEATH 16. BIRTHPLACE (city of town) (State or country) Where did Injury occur?__ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. plnods 17. INFORMANT (Addrass) OF 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE WRIT nation Natura of injury. LION 24/Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) Registrar. (Address)

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Year)

Date of onset

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Example	I among the second		and the same of th	Example II	
The principal cause of death and of importance were as follows:			onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis A	UG 6 1935	191	15	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		192	21	Run over by street car	1 week ago
Cerebral hemorrhage	KEAU V.	July 5,	,1927	Peritonitis	3 days ago
Other contributory causes of imp	ortance:		1-1	Other contributory causes of importance:	
Gallstones		May 1,	,1923	Gastroenteritis	1 year

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(Signed).

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

(Address) ___

Registrar.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V S	July 5,1927	Peritonitis	3 days ago
G/4			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example		Example II	Z.idii pics.
of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis AUG 3 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial neghritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstone s	May 1,1923	Gastroenteritis	1 year

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	mple I		Example II	612
The principal cause of death of importance were as follows	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUC-p-10	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1,000 100 100	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
0	and			
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			N - N - N - N - N - N - N - N - N - N -	

V. S. No. 1

of OCCUPA.

	S	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH 07	607
:	I. PLACE OF DEAT				82-2	411-
	oounty	roll			Registration Dist. No.	7
	Village or City Sp:	ringfield	1 Stat		1, NoSykesville, Md. st,	Ward
	Length of residence in cit	y or town where deat	th occurred	yrs1 mos	death occurred in a horpital or institution, give its NAME instead of street and number of the death of the death of street and number of the death occurred in a horpital or institution, give its NAME instead of street and number of the death occurred in a horpital or institution, give its NAME instead of street and number of the death occurred in a horpital or institution, give its NAME instead of street and number of the death occurred in a horpital or institution, give its NAME instead of street and number of the death occurred in a horpital or institution, give its NAME instead of street and number of the death occurred in a horpital or institution, give its NAME instead of street and number of the death occurred in the death occurred	-
	2. FULL NAME	Wade Hamp	oton D	eVries Wa	rfieldu.S. Veteran specify WAR	
	(a) Residence: No.					
e8800			(Usual place	of abode)	If nonresident give city or town and St	ate
-	PERSONAL AN				MEDICAL CERTIFICATE OF DEATH	
3.		nite s.	OR DIVORCE	RRIED, WIDOWED, ED (write the word) WEP	21. DATE OF DEATH July (Month) (Day)	193 5 (Year)
5 a	If married, widowed, or divo HUSBAND of (or) WIFE of B1	anche Wat	terhou	se	22. I HEREBY CERTIFY, That I attended de June 17 19 35, to July 25	ceased from
6	DATE OF BIRTH (month, day	and year) Octo	ober 7	. 1864	I I I I I I I I I I I I I I I I I I I	death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 9:34 m.	
	70	9	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
N	8. Frade, profession, or pa	es SPINNER. R:	inker			
ATIC	SAWYER, BOOKKEE	PER, etc		•	General Arteriosclerosis	Unk
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		ILK MILL.				
00	Date deceased last wor this occupetion (mor year)	ked at 1929	11. Totel	time (years) ent in this Unk cupation		
12	. BIRTHPLACE (city or town).	Carroll	Co.,	Md.	Other Contributory Causes of Importance:	
	(Stete or country)				Cerebral hemorrhage 6-17-3	
TER	13. NAME Charle			rfield		
PFATHER	14. BIRTHPLACE (city or to (State or country)			Md.	Name of operation Disposition 1 - Symptoms - Date of	opsy? No
TER	15. MAIDEN NAME C	aroline I	DeVrie	S	23. If death was due to externel causes (VIOLENCE) fill in also the following:	
MOTHER	16. BIRTHPLACE (city or to (State or country)	wn) Carrol	ll Co.	, Md.	Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17	INFORMANT MTS.	James Ric sviile, i	igley,		(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18	BURIAL, CREMATION, OR R	2 Queta	Ty fu	ly 2/035	Manner of Injury	
1	WALLEY X	el, osi	de.	Jace,		0
19	(Address)	neery	lle	Md.	If so, specify	
20	FILED July 25	35 QA	lowy	1 Hue	(Signed) John J. Welfield	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	- Lampies
The principal cause of death and related causes of importance were as follows: CF 1	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MG 3 1900	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAH V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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1	xample I		Example II	- I I
The principal cause of dea of importance were as follows:	and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	AUG R 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1.4	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	Established			

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH 9760	-
1. PLACE OF DEATH OFFINA CO.S. 107-a	
County Danol Registration Dist. No. / 6	
Village or City W Columnatur No. St., W. (If death occurred in a hospital or institution, give its NAME instead of street and number)	ard
Length of residence in city or town where deeth occurredyrsmosds. How long in U.S. if of foreign birth?yrsmos	_ds.
2. FULL NAME In oblie Woodward (Maude Gussie on birth)	
(a) Residence: No. 300 E. Green St., Ward. (Usual place of abode) If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
Jamale 4. COLOR OR RACE OR DIVORCED (write the word) 21. DATE OF DEATH July 1935 (Month) (Day) (Yeer)	
5a. If married, widowed, or divorced	
(or) WIFE of 22. THEREBY CERY 1 FY. That Jattended deceased f	from
6. DATE OF BIRTH (month, day, and year) hovember 16-1934 Mast saw h All alive on feelf 8 1, 19.35; death is	sald
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 2:30 P.m.	
7 2 1 day,hrs. ormin. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es tellows:	
9 Trade profession or portionler	15
SAWYER, BOOKKEEPER, etc.	
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked et this occupation (month end year)	
12. BIRTHPLACE (city or town) Wishminster (State or country)	
13. NAME John Woods and	
13. NAME John Woodyard 14. BIRTHPLACE (city or town) Name of operation Date of	
(State or country) What test confirmed diagnosis? Was there an au'opsy?	
15. MAIDEN NAME () harvoll White () harvoll White () 16. BIRTHPLACE (city or town) Hagistown () Accident, suicide, or homicide? Date of Injury () 19.	
(State or country) md. Where did injury occur?	
17. INFORMANT John Woodyard Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. (Address 8 00 8 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
10 BURNAL OPENATION OF PENANCH	
Place Westum braful 6 Date July 9, 1925 Nature of injury	
19. UNDERTAKER ABankand for 24. Wes disease or injury In eny way related to occupation of deceased?	
(Address) westminster (nd.) If so, specify	
20. FILED. J. G., 19.35 College Control (Signed) (Signed) (Address) Allege Medical College Col	LD.

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	Example I		1	Example II	1 3 6
The principal cause of importance were	of death and related to the second se	V E	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis			1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis AUG 6	1935	1921	Run over by street car	1 week ago
Cerebral hemorrhage	No a o	1000	July 5,1927	Peritonitis	3 days ago
	BUREAU	V			
Other contributory causes of importance:			Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

N. B.-

state

STATE OF MARYLAND—	CERTIFICATE OF DEATH	7610
1. PLACE OF DEATH	(31)	1
County Carroll	Registration Dist. No. 7.	<i>f</i>
Village or City Springfield State Hospita	11, NoSykesville, Md. death occurred in a hospital or institution, give its NAME instead of street and num	Ward
Length of residence In city or town where death occurredyrs3mos.	Lads. How long in U.S. If of foreign birth?yrsmos.	ds.
2. FULL NAME Martha Ellen Zepp		
(a) Residence: No. (Nephew) 2814 Baker St.,	Baltimore. Md.	
(Usual place of abode)	If nonresident give city or town and St	ate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word) Single	21. DATE OF DEATH July 31 (Month) (Day)	193 5
5a. If married, widowed, or divorced		
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended det April 19 19 35 to July 31	ceased from
6. DATE OF BIRTH (month, day, end year) November 30, 1858	T.1 773	-,
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4:35 p.m.	Destu iz zaid
76 9 7 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance	
1 01min.	were as follows: Chronic Nephritis with	Date of onset
ade, profession, or perticular kind of work done, es SPINNER. Furrier SAWYER, BDDKKEPER, etc.	chronic myocarditis	Unk
Industry or business in which work was done as SILK MILL. Hart 71 or Bros.		
SAW MILL, BANK, etc		
12 BIRTURI ACE (city or town) Carroll Co., Md.	Dther Contributory Causes of Importance: Cardiac decompensation	
12. BIRTHPLACE (city or town) CATTOLL CO. Mac. (State or country)	prior to	4-19-
置 13. NAME David Zepp	PA 201 09	35
13. NAME David Zepp 14. BIRTHPLACE (city or town) Pennsy Ivania (State or country)	Name of operation Date of Date of	
(State or country)	What test confirmed diagnosis? Wes there an aut	opsy? Yes
# 15. MAIDEN NAME Amanda Stonecipher	23. If deeth was due to externel causes (VIOL ENCE) fill In elso the following:	
15. MAIDEN NAME Amanda Stonecipher 16. BIRTHPLACE (city or town) Carroll Co., Md.	Accident, suicide, or homicide? Date of injury	, 19
(State or country) 17. INFDRMANT Hosp. Records. (Address) Sykesville, Md.	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLAC	

18. BURIAL, CREMATION

19, UNDERTAKER (Address)

If so, specify (Signed)

. Was disease or injury In any way related to occupation of deceesed?_.

Registrar.

Manner of injury Nature of Injury.

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